General Practice Appointments Data (GPAD)

Tracy Dell

Today's session

Objective

The session will provide an overview of the GPAD programme and explore the ways in which practices can gain an understanding of the key principles.

To enable practices to engage with the GPAD programme to maximise the benefits at organisational and PCN level.

Address how GPAD, as a tool, can help practices to review, standardise and implement revised appointment systems to enable them to capture a true picture of the activity, match demand to capacity and make the most of the skills of their workforce.

Learning Outcomes

- realise the benefits of GPAD for staff and patients
- standardise processes
- demonstrate changes in activity and workload
- understand activity and workload across the week, month and during the year
- identify pressure points that need modifying
- plan appropriate deployment of existing as well as additional staff.

Introduction

GPAD is a joint commitment between NHS England and NHS Improvement and the British Medical Association.

NHS Digital has been collecting data from general practice appointment systems (TPP SystmOne, EMIS Web, Cegedim (InPS Vision), Microtest Evolution and Informatica) and publishing monthly data by CCG area, since 2018. The data includes details such as the number of appointments, the healthcare professional delivering them and the mode of delivery e.g. face to face, telephone and video.

Currently there are over **400,000** appointment slot types being used across the country via the various clinical systems in general practice. Different models of working are being embedded in many general practices.

This wide variance makes it difficult to analyse, assess and demonstrate accurately how the work is being carried out.

General practice is great at recording activity, data and clinical information via our systems.

* Read codes
* Templates
* Forms
* Consultations
* Protocols
* F12s
* Synonyms
* Configuration
* Audit
* Reporting.

Practice

Accurate appointment data demonstrates the changes in activity and workload, and supports practices to:

1. **Understand their own practice activity** and workload across the month and during the year.
2. **Identify pressure points** that need mitigating for the benefit of staff and patients.
3. **Plan deployment of extra and existing staff**, as general practice undertakes its biggest ever workforce expansion.

Locality Level

1. Help inform and understand demand and pressures in general practice as well as in hospitals.
2. Identify areas which do not have enough clinical resources and inform service planning, including new services and new service models.
understand the use of ARRS roles to ensure optimum take up and utilisation across practices.
3. To calculate likely workload if a practice has to temporarily close for any reason, such as flood, fire, utility failure, sickness, or COVID-19.

PCNs were incentivised via the IIF Fund where 27 points (£200 each) were awarded under the Providing High Quality Care domain.

Confirmation that, by 31 July 2021, all practices in the PCN had mapped all active appointment slot types to the new set of national appointment categories, and are complying with the August 2020 guidance on recording of appointments.

IIF Implementation Guidance 2021/22

Nationally

Accurate GP appointment data helps:

1. Better show the sheer scale of what general practice does for us all
2. Demonstrate and make the case for extra investment in general practice
3. Give insight about different ways of working and variation across the country.

GPAD

- A condensed set of ‘appointment categories’ have been developed with practices
- Practices map existing slot types to the new categories and when creating or editing an appointment slot type
- Appointment categories are now available across all general practice clinical systems
- Appointment categories will be reviewed annually and if appropriate changes will be made to reflect service user needs.

- **All ICSs should start an immediate exercise to look at the following data and intelligence on their individual practices**:
- (i) any practice with overall appointment numbers lower (excluding COVID-19 vaccinations) than in the equivalent pre-pandemic months
- (ii) the 20% of practices locally with the lowest level of face-to-face GP appointments – as opposed to whole practice, including appointments with other staff
- (iii) the 20% of practices with the most significant level of 111 calls from their patients during GP hours

Number of Appointments

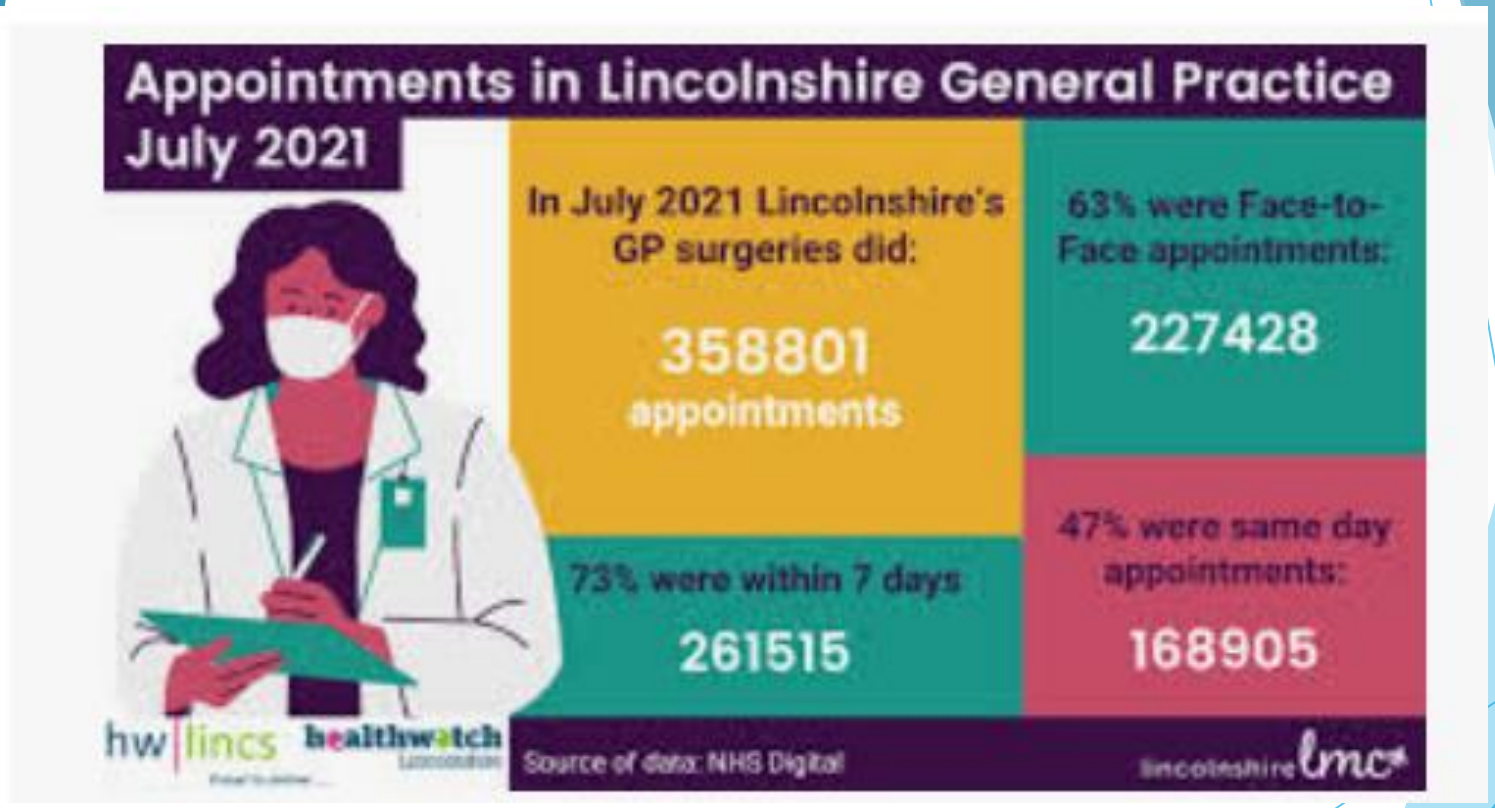
29.1 million appointments were estimated to have happened in December, of which 3.9 million were Covid vaccinations delivered by a practice / PCN.

Same Day Appointments

45.8% of appointments in December took place on the same day that they were booked.

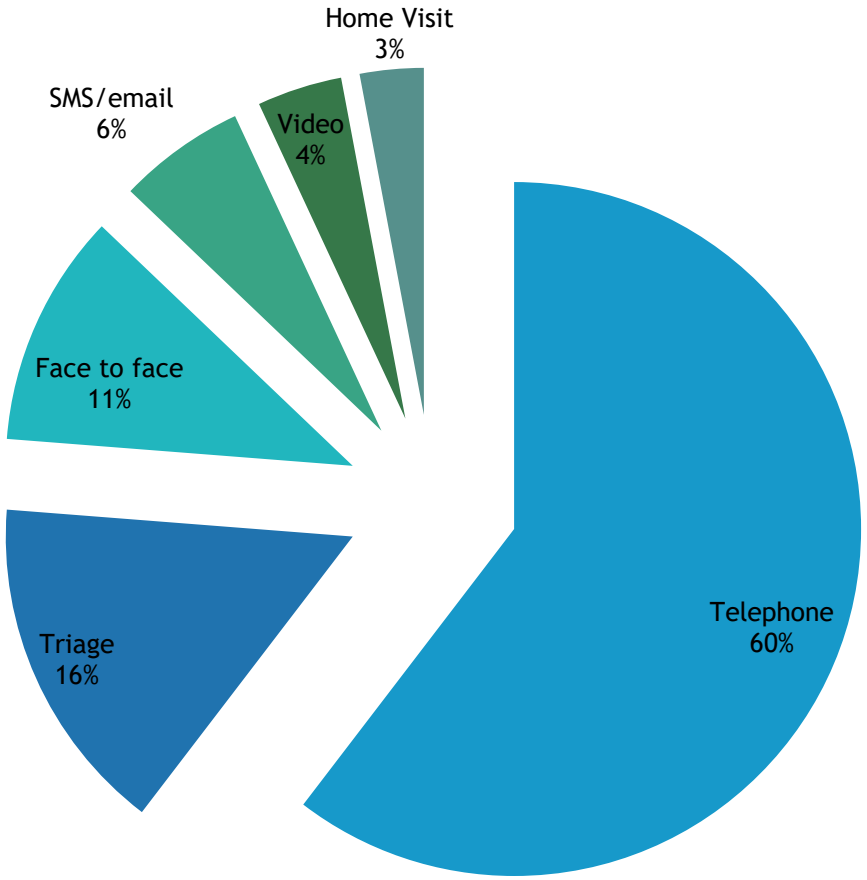
Appointment Status

90.9% of all appointments were attended in December.


Appointments in Lincolnshire General Practice
July 2021
In July 2021 Lincolnshire's GP surgeries did:
358801
appointments
63% were Face-to-Face appointments:
227428
73% were within 7 days
261515
47% were same day appointments:
168905
hw lincs
healthwatch
Source of data: NHS Digital
lincolnshire lmc

GP Appointments

RCGP Data Jul 20

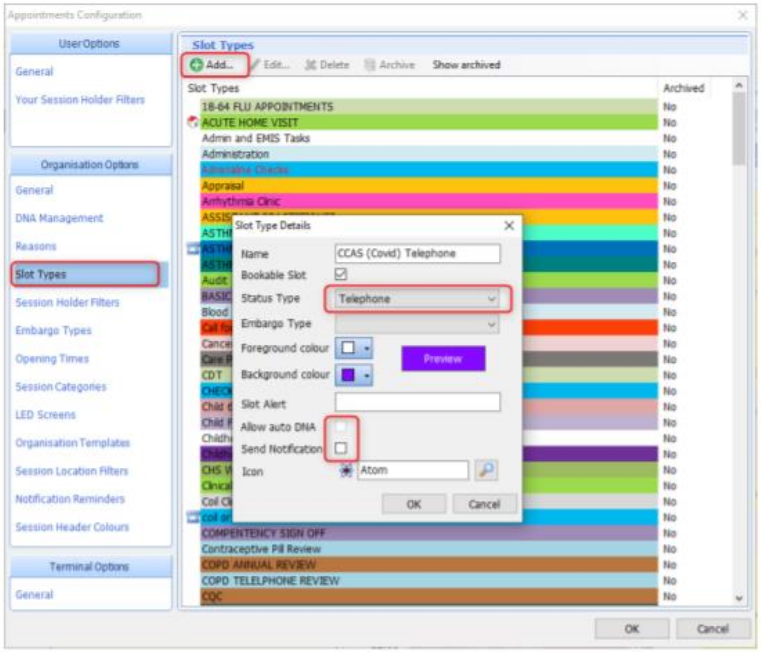


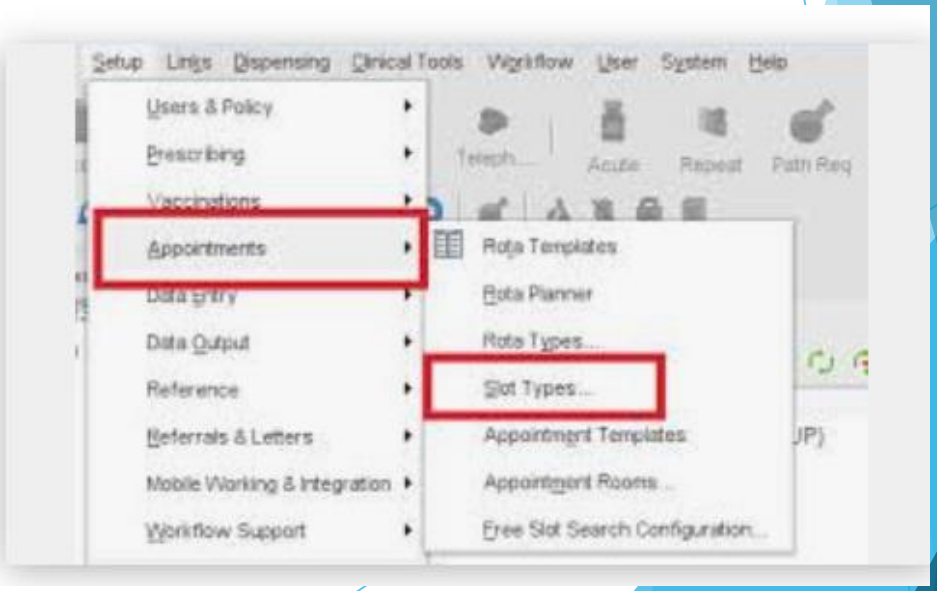
How many appointments should we offer?

- Core hours
- Extended hours
- Winter Pressures
- PCN

What you're doing now

- How many appointments do you need?
- How many do you offer?
- What % are f2f?
- Do you count PCN appts?
- Do you know how many you provided pre-pandemic compared to now?
- How is this evidenced?


Appointments Configuration
User Options
General
Your Session Holder Filters
Organisation Options
General
DNA Management
Reasons
Slot Types
Session Holder Filters
Embargo Types
Opening Times
Session Categories
LED Screens
Organisation Templates
Session Location Filters
Notification Reminders
Session Header Colours
Terminal Options
General
Slot Types
Add...
Edit...
Delete
Archive
Show archived
Slot Types
Archived
18-64 FLU APPOINTMENTS
ACUTE HOME VISIT
Admin and EMIS Tasks
Administration
Appraisal
Arrhythmia Clinic
Slot Type Details
Name
CCAS (Covid) Telephone
Bookable Slot
Status Type
Telephone
Embargo Type
Foreground colour
Background colour
Preview
Slot Alert
Allow auto DNA
Send Notification
Icon
Atom
OK
Cancel
COMPENTENCY SIGN OFF
Contraceptive Pill Review
COPD ANNUAL REVIEW
COPD TELELPHONE REVIEW
CQC
OK
Cancel


Setup
Links
Dispensing
Clinical Tools
Workflow
User
System
Help
Users & Policy
Prescribing
Vaccinations
Appointments
Data Entry
Data Output
Reference
Referrals & Letters
Mobile Working & Integration
Workflow Support
Rota Templates
Rota Planner
Rota Types...
Slot Types...
Appointment Templates
Appointment Rooms...
Free Slot Search Configuration...

CQC GP Mythbuster 77:

Access to appointments and staff competence

CQC look at access to appointments under their key question of how responsive a provider is.

Each GP practice should determine:

- how many appointments it should offer each week to meet the needs of patients
- who is the most suitable person to see each patient

CQC do not apply a formula or ratio for the number of appointments practices should provide. Different populations have differing care needs, and this care is provided using different staffing models. Practices take differing approaches depending on their circumstances, staff, and population need.

CQC consider how responsive services are to people's needs, and how well they meet these needs.

EXERCISE

GPAD Guidance Document

NHS

More accurate general practice appointment data

BMA

https://www.england.nhs.uk/wp-content/uploads/2020/08/gpad-guidance.pdf

Health and care professionals:

- General Practitioner
- Advanced Clinical Practitioner
- Practice Nurse
- Health Care Assistants
- Social Prescribing Link Worker
- Physician Associate
- First Contact Practitioner
- Community Paramedic
- Pharmacist
- Pharmacist Technician
- Health and Wellbeing Coach
- Care Co-ordinator
- Occupational Therapist
- Dietician • Podiatrist
- Others: Trust Phlebotomist, Podiatrist etc.

Which additional roles do you have?

How do you book?

How are these appointments counted?

Appointment Types:

1. ALL INTERACTIONS. Carried out by any health or care professional, including all roles in the Additional Roles and Reimbursement Scheme
2. ALL MODES. Delivered face-to-face, by telephone, via video and online
3. ALL SETTINGS. Any primary medical care setting (including the practice, patient's home, community, care home, group consultations, local GP extended access hub*)
4. Did Not Attend (DNA) appointments should continue to be recorded.

**Work is continuing to ensure activity in extended access hubs can be accurately recorded and identified in the collection.*

Exclusions::

1. Purely administrative interactions between practice staff and patients e.g. practice manager meeting a patient to complete a subject access request or a receptionist answering a query about opening hours
2. Non-clinical triage or administrative signposting
3. Online requests that do not result in an interaction between the patient and a health or care professional, for example automated online triage
4. Work undertaken by a health or care professional that doesn't involve patient contact e.g. multidisciplinary team meetings, case conferences, palliative care list reviews, referral letters, writing repeat prescriptions, reviewing results
5. All clinical administration activity including audit, training, supervision.
6. Interactions with patient participation reference groups.

What interactions are we missing?

- Walk-ins
- Squeeze-ins
- Urgents
- Dip tests
- Internal referrals (PN to GP)
- Converted slots (admin to a consultation).

Any more? Are you recording these?

What counts?

Single Appointments:

- One slot (regardless of length)
- Double appointments
- Missed encounters (message left) recalled patient
- Conversion e.g. from telephone to f2F
- Econsult reviewed by HCP then closed by a message exchange with the patient
- Follow up action HCP proactively contacts a patient to discuss an issue e.g. after reviewing their test results, or to pro-actively check-in with a vulnerable patient
- Opportunistic interaction not pre-booked e.g. dip test

These will all count as single appointments.

What counts?

Multiple Appointments:

- Triage list, econsults reviewed by HCP then booked into an appointment
- Internal referral HCP to HCP once assessed by referring member
- Patients transferred for further assessment
- More than one problem not related to original consultation – booked into a separate slot
- Group consultations
- Lists such as home visits.

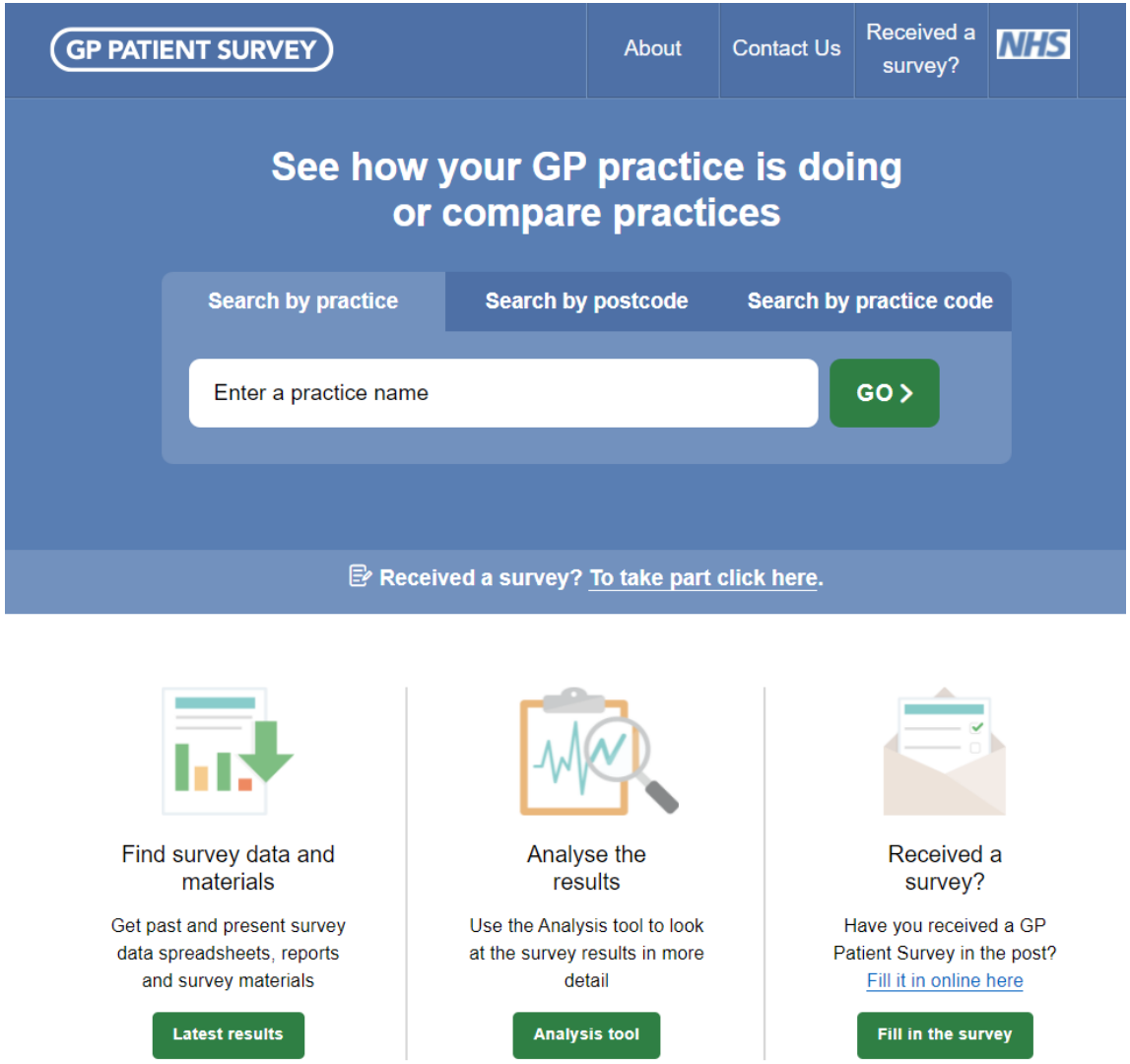
These will all count as individual encounters.

What support is available?

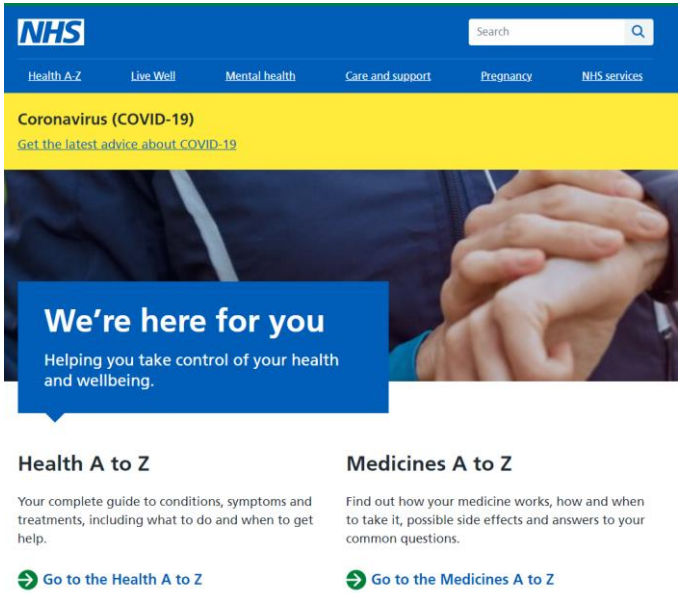
NHS England and NHS Improvement, and NHS Digital, are keen to provide as much support as possible to practices and PCNs, to ensure that you understand what is being asked of you and are able to undertake the mapping exercise with minimum difficulty.

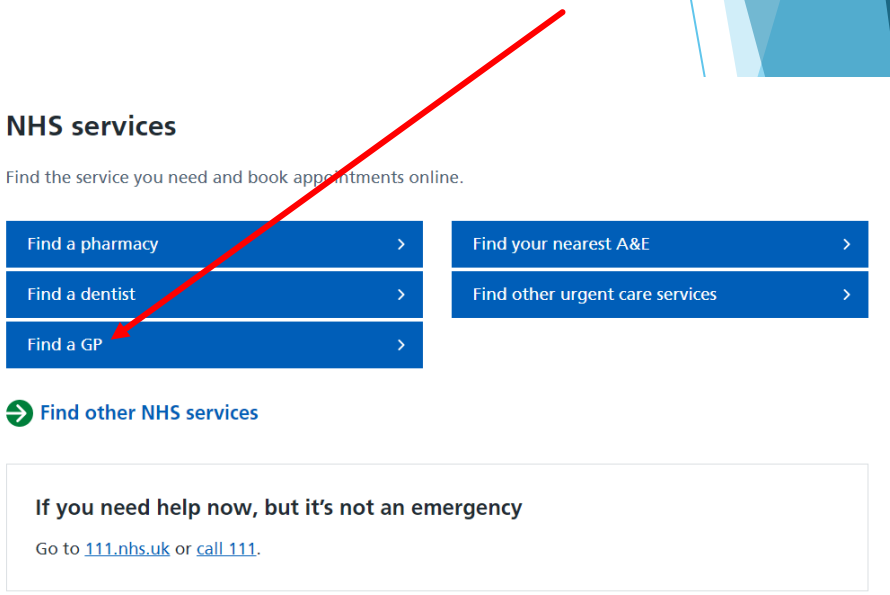
This support will be provided in many forms, including the following:

- Each local area will have champion users who can be contacted to support practices in their area with mapping.
- System-specific guidance and e-learning, available via the NHS Digital website as well as via system suppliers' own communication channels, on how to undertake the mapping exercise.
- A series of webinars to provide information on undertaking the mapping exercise with minimum difficulty and maximum benefit for practices and PCNs
- A Frequently Asked Questions document will be circulated following publication of this guidance.



www.gp-patient.co.uk


NHS
Search
Health A-Z
Live Well
Mental health
Care and support
Pregnancy
NHS services
Coronavirus (COVID-19)
Get the latest advice about COVID-19
We're here for you
Helping you take control of your health and wellbeing.
Health A to Z
Your complete guide to conditions, symptoms and treatments, including what to do and when to get help.
Go to the Health A to Z
Medicines A to Z
Find out how your medicine works, how and when to take it, possible side effects and answers to your common questions.
Go to the Medicines A to Z

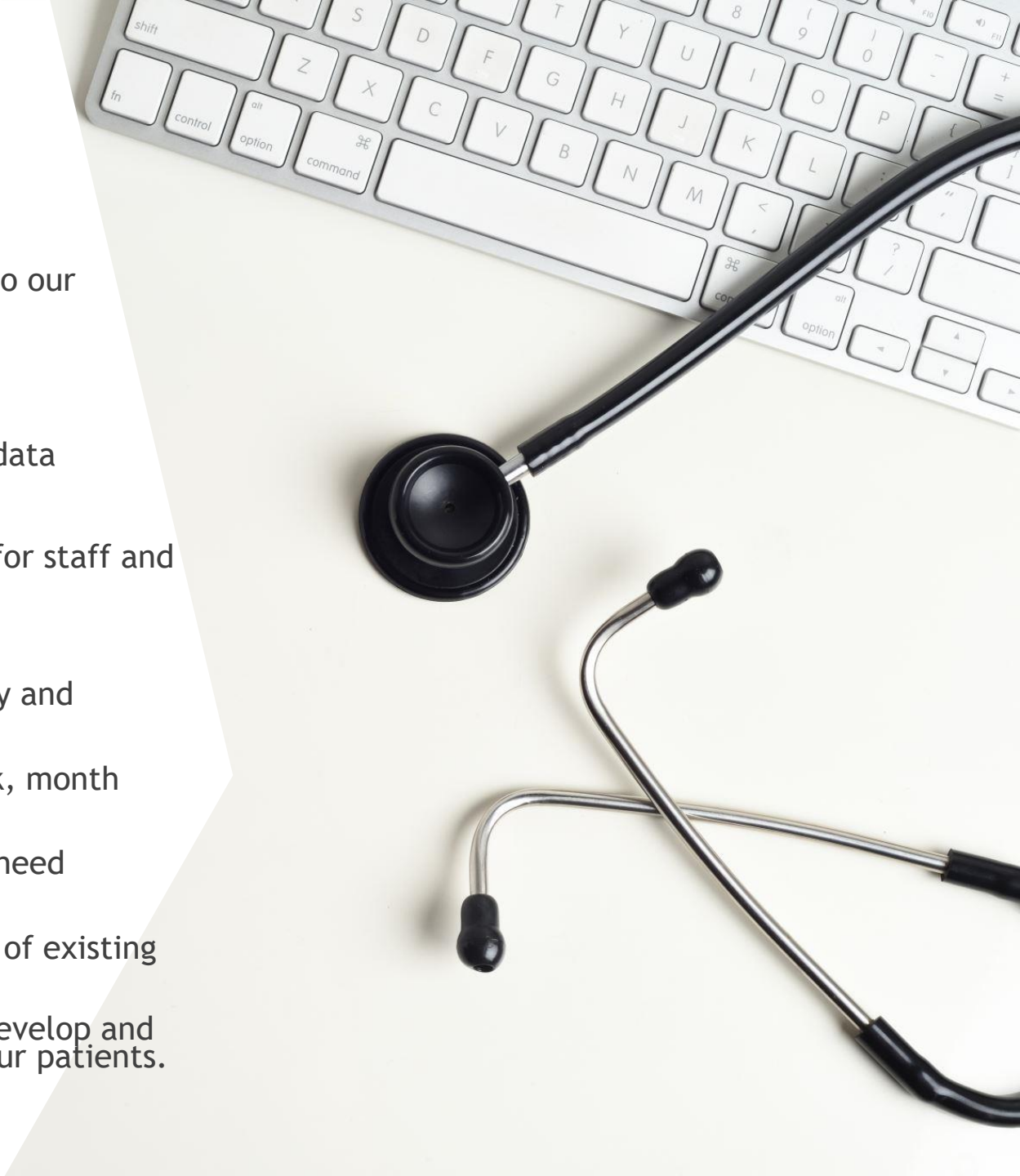

NHS services
Find the service you need and book appointments online.
Find a pharmacy
Find your nearest A&E
Find a dentist
Find other urgent care services
Find a GP
Find other NHS services
If you need help now, but it's not an emergency
Go to 111.nhs.uk or call 111.

www.nhs.uk

How is everyone feeling now?

Remember this can help us to:

- assess demand and match it to our capacity
- Manage our time better
- Direct patients appropriately
- Monitor and report accurate data
- Empower us
- Realise the benefits of GPAD for staff and patients
- Standardise processes
- Respond to changes in activity and workload
- Assess trends across the week, month and during the year
- identify pressure points that need modifying
- plan appropriate deployment of existing as well as additional staff.
- Gives us the opportunity to develop and adapt to meet the needs of our patients.



What now?

Thank you for listening.

Any Questions?

Please complete feedback.

Contact details
Email: tracy.dell@nhs.net
Twitter: @TracycDell

LinkedIn: linkedin.com/in/tracy-dell-4b648b9a

Resources:

https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/december-2021#summary

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/appointments-in-general-practice